STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN	HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVE OMB NO. 0938-01			
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Revision: HCFA-PM-91-10(MB)
December 1991

Attachment 2.2-A Page 11

State: District of Columbia

Agency* Citation(s)

Groups Covered

- B. Optional Groups Other Than the Medically Needy (Continued)
- 42 CFR 435.217
- The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)
- 4. X A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

Revision: HCFA-PM-91-4 (BPD)

August 1991

ATTACHMENT 2.2-A

Page 19

OMB No.: 0938-

State: District of Columbia

Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.23112. Individuals who are in institutions for at least (A)(ii)(V)								
(Continued) 42 CFR 435.231	Agency	Citation(s)		Grou	ups Covered			
institutions for at least (A)(ii)(V) of the Act 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first ay of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A. The State covers all individuals as described above. X The State covers only the following group or groups of individuals: 1902(a)(10)(A) (ii) and 1905(a) of the Act X Aged X Blind Disabled Individuals under the age of- age of- 21 20 19 18 Caretaker relatives	В.	Optional Groups						
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					Pregnant women			

TN No. 02-03Supersedes TN No. 91-9

Approval Date SEP 0 4 2002 Effective Date JUL 0 1 2002

HCFA ID: 7983E

Revision: HCFA-PM-91-

October 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 3A

OMB No.:

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